

**Maricopa Integrated Health System
Formulary Prior Authorization Criteria**

Drug: Coreg (Carvedilol)

Therapy:

Essential hypertension

Congestive Heart Failure

PA Criteria:

1. Systolic dysfunction with ejection fraction less than or equal to 35%
AND:
2. On triple medication therapy for CHF—Ace Inhibitor, Digoxin, diuretic—unless specific contraindication **AND:**
3. Approval by Cardiology **OR:**
4. Approval by PCP **IF:**
 - Symptoms of CHF **AND:**
 - Hardship in transportation to cardiology clinic **e.g.:**
 - Nursing home patient
 - Stretcher bound patient

Authorization:

Three months initially and then one year afterward with documented efficacy

Medical Director _____

Date _____